<u>Mayor</u> Liz Ordiales

<u>City Clerk</u> Bonnie Kendrick

Court Clerk
Cenyla Galloway

<u>City Attorney</u> Thomas A. Mitchell



50 River Street Hiawassee, GA 30546 Phone (706) 896-2202 Fax (706) 896-4991 City Council
Amy Barrett
Kris Berrong
Anne Mitchell-MPT
Nancy Noblet
Patsy Owens

Building Inspector Randy Day

2018 Business License Application (Occupational Tax Certificate)

(Occupational Tax Certificate)									
Instructions:	ns: a. Complete lines 1-8 and page 2 completely. b. Make check payable to "City of Hiawassee" for the amount c. Place check and this completed form in envelope.								
1. Business	Name:								
2. Business	Address	: 							
3. Telephone	e #:								
4. Contact P	erson an	d phone number (24hr):							
5. Email add	lress:								
6. Please pro	ovide a b	rief description of business activities							

8. Permit Fee: \$100.00 before February 15; \$125 after March 15, after April 15 subject to closure.

Amount paid_____

Contact City Hall 706-896-2202 with any questions.

7. In business since (year):

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

Instructions:	a) b)	complete Form Have notary co					
∏ Emplo	vs 100 o	or more (total en	FORN		al. Firm or	Corporation)	
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Federal Work Date of Autho Name of Priva	rization		ntification 1	Number:			
☐ Emplo	ys fewe	er than 100 (total	FORM employees		dual, Firm	or Corporation)	
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I hereby declar	re unde	r penalty of perj	ury that the	foregoing	is true and	correct.	
Executed on _		,	, 201 i	in		(City),	(State).
Signature of A	uthoriz	red Officer or Ag	gent				
Printed Name	and Ti	tle of Authorized	d Officer or	Agent			
Subscribed and day of	ity Seal)						